NOAA Form 56-28A (8-94)

U.S. DEPARTMENT OF COMMERCE

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION NOAA COMMISSIONED OFFICER BILLET DESCRIPTION

1107171 00111111100101112100				
TO: DIRECTOR, COMMISSIONED PERSONNEL CENTER, CPC		FROM: ROUTING CODE: ADDRESS:		
THRU (Liaison Officer):				
BILLET TITLE: BILLET #:]		
		PHONE NUMBER:		
RANK REQUESTED: (0-2. 0-3, 0-4, etc.)		. (This block to be completed by liaison officer) IS THIS A NEW BILLET: YES NO		
GS/GM EQUIVALENT:		BILLET PRIORITY: A,	B, C, R	
IMMEDIATE SUPERVISOR:	TITLE:		PHONE NUMBER:	
EDUCATIONAL REQUIREMENTS:				
	UDITY OF FAR ANGE			
OTHER QUALIFICATIONS (INCLUDE PARTICULAR SECURITY CLEARANCES, SKILLS, ETC)				
1. GENERAL DESCRIPTION OF BILLET:				
DUTIES AND RESPONSIBILITIES: a. Is this a supervisory billet? YES NO b. If so, state number and grade of personnel supervise	d. Number:	Grade(s):		
			CONTINUE IN ITEM 4	

3. CAREER DEVELOPMENT OPPORTUNITIES:	
4. ADDITIONAL COMMENTS:	
SIGNATURE OF SUPERVISOR:	DATE: